

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/11/03.

I. DISPUTE

Whether there should be reimbursement for HCPC's code E0236, E1399 (cold therapy cooler wrap), E1399 (water circulating pad), E1399 (auto adapter), E0748, E1399 (suspenders), and 97139 on date of service 03/24/03.

II. FINDINGS

The respondent reduced or denied payment based on "F-Fee guideline MAR reduction", "M- No MAR", "H-Half payment" and "G-unbundling". The respondent inappropriately used "F-fee guideline MAR reduction" for durable medical equipment that does not have a set MAR. The durable medical equipment in which payment was reduced using "F" reduction/denial code, will be reviewed per the 1996 Medical Fee Guideline.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/27/03	E0236	\$494.00	\$319.77	F & M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR IV, VIII & IX	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$174.23 is recommended
	E1399	\$75.00	\$37.50	F, H & M		Section 413.011 (b)	The requestor provided redacted EOBs that show other insurance carriers pay \$75.00 for misc. durable medical equipment. It is not clear what item is being reimbursed on the redacted EOBs. Additional reimbursement is not recommended.
	E1399	\$155.00	\$75.50	F, H & M			The requestor provided redacted EOBs that show other insurance carriers pay \$155.00 for misc. durable medical equipment. It is not clear what item is being reimbursed on the redacted EOBs. Additional reimbursement is not recommended.

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
	E1399	\$45.00	\$0.00	F & G			The respondent denied the DME with "G-unbundling". The respondent did not clarify what items it should be included into the price of, therefore the DME will be reviewed per the MFG. The requestor provided redacted EOBs that show other insurance carriers pay \$45.00 for misc. durable medical equipment. It is not clear what item is being reimbursed on the redacted EOBs. Additional reimbursement is not recommended.
	E0748	\$5,000.00	\$3,200.00	F, H & M			The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$1,800.00 is recommended
	E1399	\$40.00	\$0.00	F & G			The respondent denied the DME with "G-unbundling". The respondent did not clarify what items it should be included into the price of, therefore the DME will be reviewed per the MFG. The requestor provided redacted EOBs that show other insurance carriers pay \$40.00 for misc. durable medical equipment. It is not clear what item is being reimbursed on the redacted EOBs. Additional reimbursement is not recommended.
	97139	\$185.00	\$0.00	F & G			The respondent denied the DME with "G-unbundling". The respondent did not clarify what items it should be included into the price of, therefore the DME will be reviewed per the MFG. The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$185.00 is recommended
Totals		\$5,994.00	\$3,632.77				The Requestor is entitled to reimbursement of \$2,159.23

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$2,159.23**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$2,159.23** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of June 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

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